

change is the theme of this year's march. Now, this year's march is called the Power of One. The March for Life uses the following quote from the author J.R.R. Tolkien to encapsulate this theme: "Even the smallest person can change the course of history."

This is a powerful message that we should all embrace. It reminds us that from the young people marching on a cold January morning to the unborn children whose futures are filled with unlimited potential, any one of them has the power to be a positive force for good.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I ask unanimous consent to speak in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEDICAID

Mr. CASEY. Mr. President, I rise today to speak about the Medicaid Program, a program that I am sure a lot of folks in Washington and around the country hear about a lot. We talk about it a lot, but I am not sure that people around here have a real sense of what it means to folks back at home.

Medicaid is a program that is more than 50 years old now. In some ways, the name doesn't convey the scope of it. In some ways, I wish it had a different name because it would remind people who benefits from it.

Instead of referring to it as the Medicaid Program, if you called it the "kids, seniors, and folks with disabilities program," or something like that, you would be accurately describing the scope and the reach of the program because it has a profound impact on the lives of children, on the lives of older citizens trying to get long-term care in nursing homes, and, of course, it has a huge impact on individuals with disabilities.

We know that in the campaign, President Trump made a statement. I am not quoting him exactly, but it was a brief statement during his campaign, and it was in writing that he would not cut Social Security, Medicare, or Medicaid. I think a lot of people had forgotten about that third one.

One of the tasks that we have in the Senate is to make sure that, when a statement like that is made, any President is held accountable to that promise.

The examples I could cite are many about the impact of Medicaid. Just a couple are significant. Not by way of exclusion, but I will just mention a few.

I am holding here a March of Dimes document. It is an issue brief by the March of Dimes, and it is entitled "The Value of Medicaid." I won't read it all, but here is just one fact that I am not sure a lot of people know. "Medicaid covers 45% of all births"—and they have a footnote for that. I am not sure

there are many in Washington who know that. But that is why I referred to it earlier in a more informal way as "the baby program," because all of those children come into the world paid for by Medicaid.

Medicaid has a substantial impact on rural families, rural America, and rural hospitals. By one estimate a couple of years ago, First Focus, one of the advocacy groups here in Washington that tracks issues that relate to children, estimated that as of 2012—and I doubt that it has changed much since then—more than 45 percent of rural children got their health care through Medicaid or the Children's Health Insurance Program. So almost half of rural children were benefitting from one program or the other.

Here are just a couple more. One in five seniors receives Medicare assistance through Medicaid, and that includes premium assistance, cost sharing, long-term care, dental care, and vision care.

Another important number is that two-thirds of nursing home residents are covered by Medicaid.

I mentioned children before and the profound impact it has on their lives. Medicaid covers 40 percent of all children in the country. I mentioned CHIP and Medicaid combined covering almost half of rural children. Just Medicaid alone covers 40 percent of all children—rural, urban, and everywhere in between. If you just consider low-income kids, or children who come from low-income families, Medicaid covers some 75 percent of those children.

So there is a lot to talk about. But one issue that we are in the process of engaging on as an issue is: What will happen to Medicaid?

Despite what the President said when he was campaigning—and I am talking specifically about Medicaid—just this weekend, the administration announced—without much attention drawn to it at the time, but I hope increasingly more attention—that the administration would support block-granting Medicaid. That is at variance with what the President said. In my judgment, it is a total contradiction of what he said, and now, apparently, his administration has embraced the House Republican approach to Medicaid, which is block-granting.

There are a lot of ways to measure the impact of block-granting. One that I will just cite for the record is a report by the Center on Budget and Policy Priorities dated March 15, 2016, entitled "Medicaid Block Grant Would Add Millions to Uninsured and Underinsured," which I ask unanimous consent to have printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Center on Budget and Policy Priorities, Mar. 15, 2016]

MEDICAID BLOCK GRANT WOULD ADD MILLIONS TO UNINSURED AND UNDERINSURED
(By Edwin Park)

House Budget Committee Chairman Tom Price's budget plan would radically restruc-

ture Medicaid by converting it to a block grant, cutting federal funding by about \$1 trillion over the next decade. It would also repeal health reform's Medicaid expansion. The combined result would be a total Medicaid cut of \$2.1 trillion over the next ten years, relative to current law, likely making tens of millions of Americans uninsured or underinsured.

Repealing the Medicaid expansion means that at least 14 million people would lose Medicaid or not get it in the future, based on Congressional Budget Office (CBO) estimates. In addition, the large and growing funding cut from the block grant would almost certainly force states to sharply scale back their Medicaid programs.

The Price plan would also repeal health reform's other coverage expansions, including the subsidies to help people afford marketplace coverage.

All told, not only would the estimated 20 million Americans who've already gained coverage through health reform lose it, but millions more who qualify for Medicaid apart from health reform would likely lose their Medicaid coverage as well. Tens of millions of Americans would likely become uninsured.

Under Price's "State Flexibilities Funds" block grant proposal, the federal government would no longer pay a fixed share of states' Medicaid costs, apparently starting in 2018. Instead, states would get a fixed dollar amount of federal funding, which would rise only modestly each year, as explained below.

Block-grant funding would fall further behind state needs each year. The annual increase in the block grant would average about 4.3 percentage points less than Medicaid's currently projected growth rate over the next ten years. In the plan's tenth year (2026), federal Medicaid and Children's Health Insurance Program (CHIP) funding would be \$169 billion—or roughly 33 percent—less than under current law (see graph). And the cuts would likely keep growing after 2026.

The block grant would cut federal Medicaid funding by \$1 trillion from 2017–2026. A small share of these cuts could come from CHIP which the Price plan would presumably merge into the Medicaid block grant as in past House Republican budget plans. Over the next ten years (2017–2026), the budget plan would provide nearly 25 percent less in federal Medicaid and CHIP funding to states than under current law—not counting the lost federal funding for the Medicaid expansion.

The loss of federal funding would be greater in years when enrollment or per-beneficiary health care costs rose faster than expected—for example, due to a recession or new treatment that improved patients' health but raised costs. Currently, the federal government and the states share in those unanticipated costs; under the Price plan, states alone would bear them.

As CBO concluded in 2012 when analyzing a similar Medicaid block grant from then-House Budget Committee Chairman Paul Ryan:

"The magnitude of the reduction in spending . . . means that states would need to increase their spending on these programs, make considerable cutbacks in them, or both. Cutbacks might involve reduced eligibility, . . . coverage of fewer services, lower payments to providers, or increased cost-sharing by beneficiaries—all of which would reduce access to care."

In making these cuts, states would likely use the large added flexibility that the Price plan would give them. For example, the plan would likely let states cap Medicaid enrollment and turn eligible people away from the program, or drop benefits that people with

disabilities or other special health problems need.

The Urban Institute estimated that the 2012 Ryan proposal would lead states to drop between 14.3 million and 20.5 million people from Medicaid by the tenth year (outside of the effects of repealing health reform's Medicaid expansion). That's an enrollment decline of 25 to 35 percent. Urban also estimated that the Ryan plan would lead states to cut reimbursements to health care providers by more than 30 percent. The Price block-grant proposal likely would mean similarly draconian cuts.

Mr. CASEY. Here is one of the headlines of that article, one of the basic inclusions by a respected organization that tracks this information. I will just read that headline: "The block grant would cut federal Medicaid funding by \$1 trillion from 2017–2026."

So if you are saying you are going to protect children and you are going to protect seniors and you are going to make sure that those with disabilities don't have any problems going forward, it is pretty difficult to do that if you take a trillion dollars out of the Medicaid Program over the course of a decade.

There was an op-ed in the New York Times on Christmas Day. It was interesting that it actually was printed on that holy day. There was an op-ed by Gene Sperling. Gene is someone who many people in Washington know. But for those who don't, Gene served two Presidents; he served both President Clinton and President Obama as the Director of the National Economic Council.

Here is one of the conclusions that Gene reached, based upon his research and his vast experience. I will quote him directly from the December 25 op-ed in the New York Times entitled "The Quiet War on Medicaid": "Together, full repeal"—and there he means full repeal of the Patient Protection and Affordable Care Act—"and block granting would cut Medicaid and the Children's Health Insurance Program funding by about \$2.1 trillion over the next 10 years—a 40 percent cut."

So whether you look at it in terms of block granting's impact on Medicaid or the combination of that block-granting policy, which the administration has now embraced fully, and the repeal of the Affordable Care Act, the result of that is that you adversely impact two programs—the Children's Health Insurance Program and the Medicaid Program.

Let me bring this back to real people. I just want to highlight a couple of excerpts from a letter I received recently, and then I will conclude.

This is a letter from Coatesville, PA, the southeastern corner of our State, a letter sent to me by Pamela E. Simpson. I will just call her Pam, even though I don't know her personally.

She wrote me a letter about her son. Pam Simpson's son is Rowan. She said that Rowan, who I guess is now 5 years old, back in 2015 was diagnosed with autism spectrum disorder. She went on

to say how much Rowan has benefitted from the Medicaid Program. We call it Medical Assistance in Pennsylvania.

She said that among the services he received was the behavioral specialist consultant helping him and a therapeutic staff support worker. They received direct help, direct intervention so that Rowan could grow and benefit from those direct services.

She said that the agency that administers these kinds of wraparound services for Rowan and children like him—in this case, the Child Guidance Resource Centers—started a particular program focused on social skills, especially for children with autism.

But here is how she concluded her letter, and this is why I want to cite it in the context of this critically important debate we are going to have about Medicaid and the question of block granting, which sounds kind of benign; doesn't it? When you say it, it doesn't sound that bad. But in my judgment, it would be devastating to these families.

She said to me in the letter: Please think of my dear Rowan and his happy face, his big blue eyes, and his lovely strawberry blonde hair.

You can see him in these pictures that I should have mentioned earlier. Rowan is in these two different pictures, and there he is dressed as a firefighter.

She continued: Please think of me and my husband, working every day to support our family, and please think of my 9-month-old daughter Luna who smiles at her brother daily.

There is Luna in the picture, being held by Rowan.

She says that she is worried that that little girl, when she is much older, will have to take care of Rowan later in life when Pam and her husband are gone.

She ends the letter this way: Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits. What she is referring to there, of course, is Medicaid.

I have real trouble believing that if the Trump administration's proposal on block granting Medicaid marches forward, now that they have embraced the proposal that Republicans in Washington have embraced for years—they had voted for block granting over and over and over again. Now it is a live issue. Now it is no longer just voting. Now it is an issue that could be enacted into law, and I think that would be a terrible step in the wrong direction.

So I think we have to remember that when we consider these budget debates, when we consider the debate about health care, and especially when we consider real families like Pam's and real children like Rowan.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I ask unanimous consent to be recognized in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

WOMEN'S MARCH ON WASHINGTON

Mr. LEAHY. Mr. President, I understand the majority leader may be coming to the floor to make a request. If he does, I certainly would be willing to yield to him, and I hope I won't lose my right to the floor.

Mr. President, a lot has happened here in Washington in the last few days. Marcelle and I knew that a number of Vermonters were coming down for the Women's March on Washington. We said to them, "Look, if any Vermonters are coming down, why don't you join us for coffee?" We arranged it right here on Capitol Hill, so they could.

At first, we didn't know how many would show up until we started getting the responses. Marcelle and I were there, along with members of my staff, shortly after 6 in the morning, and people started pouring in. Eventually, we had 500 or 600 from the little State of Vermont who joined us. I had a chance to speak to them.

My wife, Marcelle, gave one of the most powerful speeches, totally ad-libbed, that I have heard, pointing out the stakes of what is happening in this country. Of course, she pointed to the Supreme Court just next door.

What got me is that these people came from all walks of life in Vermont. Some I knew, and a lot I didn't. Some are Republicans. Some are Democrats. Some are Independents. All were very concerned. Most came down in buses and drove all through the night, a little over 500 miles, to show that our brave little State says no to hate. We had thousands more who marched in my State capital, Montpelier. Let me put this in perspective. Our State capital—I was born there, and I know it very well—is home to only 8,500 people, but 15,000 Vermonters stood on our statehouse lawn to show the President that they are paying attention, they want their voices to be heard, and the American people will hold him accountable.

I got some of the most enthusiastic emails and tweets. My 14-year-old granddaughter, Francesca, told me how thrilled she was to be there. One Vermonter who took part in the enormous Women's March in Montpelier told a member of my staff, "This is the first time I have been able to smile since Election Day."

In Washington, Marcelle and I were proud to march with our daughter, Alicia, and 12-year-old granddaughter, Sophia. I was proud to see this 12-year-old holding her head high, knowing the respect that was being shown to her and her mother, as well as to Marcelle and me. She knew that respect went to her in a way that reflected everybody—Black, White, no matter what you might be. People cared.

We have heard disrespectful, offensive and dangerous comments seep into